

ISSUE SLIP STAPLE AREA (for additional cross references)

EME  
11/4/00

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	0891	9/30
O.I.P.E. CLASSIFIER	<i>[Signature]</i>		10/10
FORMALITY REVIEW	SS	5C877	11-02-00
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	554	12-07-00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1			11/4/00
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If more than 150 claims or 10 actions  
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